

2761

MARGIN RESERVED FOR BINDING

EVERY ITEM OF
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No.

332

Registered No.

687

1. PLACE OF DEATH

County Maricopa

State ARIZONA

Township _____ or Village _____

City Phoenix No. St. Joseph's Hospital St. _____ Ward _____

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long U. S. If of foreign birth? 6 yrs. 6 mos. 6 ds.

2. FULL NAME Henry J. Leyhe

(a) Residence: No. 1330 W. Roosevelt, Phx. St. _____

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED, or DIVORCED. (Write
the word) Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Leyhe

6. DATE OF BIRTH (month, day, and year) August 18, 1860

7. AGE Years 78 Months 9 Days 9 If LESS than
1 day, hrs.
or min.

OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired Steam
Boat Engineer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____

12. BIRTHPLACE (city or town) Warsaw, Illinois
(State or Country)

FATHER 13. NAME Henry A. Leyhe
14. BIRTHPLACE (city or town) Alsace, France
(State or Country)

MOTHER 15. MAIDEN NAME Anna F. Schaefer
16. BIRTHPLACE (city or town) Holland
(State or Country)

17. INFORMANT A. D. Leyhe, Phx.
(Address) 1330 W. Roosevelt, Phx.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Greenwood Cem. Date 5-29-39 19. _____

19. EMBALMER { License No. 224
Signature Sim Wesonig,

FUNERAL DIRECTOR A. L. Moore & Sons,
Address Phoenix, Arizona.

20. Filed June 5, 1939 Registrar James L. Johnson

21. DATE OF DEATH (month, day, and year) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from
5-22- 1939, to 5-27-39, 1939

I last saw him alive on 5-27-, 1939, death is said
to have occurred on the date stated above, at 3:30 a.

The principal cause of death and related causes of
importance were as follows:

Chr. Myocarditis Date of Onset 2-3 yrs

Other contributory causes of importance:
Chr. Valvular Degeneration 3-4 yrs
Myocardial Stenosis 8-10 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ M. D.

(Signed) Dr. Douglas (Address) _____

Back of Certificate to be used for any Additional Information